

# PART B—ISSUE FEE TRANSMITTAL

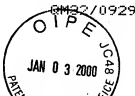
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DAVID B EDGEWORTH  
7466 S KETCHAM ROAD  
BLOOMINGTON IN 47403



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I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

David B. Edgeworth (Depositor's name)

David B. Edgeworth (Signature)

12/29/99 (Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/039,606	03/16/98	012	DEMILLE, D	3764 09/29/99
First Named Applicant	VAN BRUNT, 35 USC 154(b) term ext. = 0 Days.			

TITLE OF INVENTION OSCILLATORY CHEST COMPRESSION DEVICE

ATTYS DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3	AMBIO/001C1	601-041.000	C36	UTILITY	YES \$605.00	12/29/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee date will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE American Biosystems, Inc.

(B) RESIDENCE (CITY & STATE OR COUNTRY) St. Paul, MN

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

XX Issue Fee

☐ Advance Order - # of Copies

4b. The following fees or deficiency in these fees should be charged to:

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

David B. Edgeworth

12/29/99

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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OR

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<input type="checkbox"/> Firm or Individual Name	American Biosystems, Inc.				
Address	20 Yorkton Court				
Address					
City	St. Paul	State	MN	ZIP	55117-1065
Country	USA				
Telephone	651-490-1468	Fax	651-490-1484		

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
	09/039,606

(check one)

☐ Applicant/Inventor

☐ Assignee of record of the entire interest

☒ Attorney or agent of record 35,862

(Reg. No.)

☐ Assignment recorded at Reel 9048 Frame 0312

Signature

David B. Edgeworth

Typed or printed name

812-824-7144

Customer's telephone number

12/29/99

Date